2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000057044

1. Entity Name
MIAMI FADES BARBER SHOP, INC.

FILED
08 SEP 26 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2819 NW 7 ST. MIAMI, FL 33125	1001 NW 45 AVE., #108 MIAMI, FL 33126

07092008 Chg-P CR2E034 (12/0

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2819 NW 7 Street
City & State	City & State Miami, Fl
Zip / Country	Zip 33125 / Country DADE

4. FEI Number 26-0163079 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILIAN, LIZBETTE 1001 NW 45 AVE., #108 MIAMI, FL 33126	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILIAN, LIZBETTE 1001 NW 45 AVE., #108 MIAMI, FL 33126	☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASTILLO, CARLOS 1001 NW 45 AVE., #108 MIAMI, FL 33126	☐ Delete	☐ Change 100136517311 10/01/08--01017--009 **150.00	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L Milian Lizbette milian 07/9/08 (786)287-2697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2842

July 09, 2008

Attention: Division Of Corporations

Reference: Waiver Of Late Fee

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I kindly ask for you to please waive the $400.00 late fee applied due to the fact that I never received the first notification due to a change in a address. I did although received the Notice Of Intent To Dissolve, at the correct address. I had informed the post office of the change. If you have any questions please feel free to contact me at (786)287-2697. I included the check for $150.00 along with the annual report application.

Thank You,

Lizbette Milian
VP Miami Fades Barber Shop